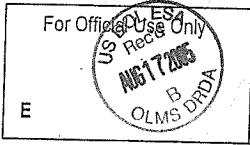


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9624	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name JAMES C FINK P.O. Box, Bldg., Room No., if any Street 300 SOUTH GLEND BLVD. City ST. LOUIS State MO. 63103 ZIP Code + 4 2448	4. Name, file number, and address of labor organization. Name UFCW Local 88 Labor Organization File Number 037895 P.O. Box, Building and Room Number, if any Street 300 South GLEND BLVD. City ST. LOUIS State MO. 63103 ZIP Code + 4 2448
5. Position in labor organization. VICE PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

James C. Fink

On

8-12-05

Date

314-535-9615 EXT-15

Telephone Number

Name of Person Filing

JAMES C. FINK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SPECTOR-WOLFE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 206 W. PR Genne

City RIKKWOOD

State MD 63122 ZIP Code + 4 4235

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LEGAL SERVICES

11.b. Approximate dollar value of such dealing.

\$ 53,021.00

12.a. Nature of interest held or income received.

CHRISTMAS GIFT

12.b. Amount.

\$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **JAMES C FINK**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name 

Trade Name, if any: 

P.O. Box, Bldg., Room No., if any 

Street 

City 

State  ZIP Code + 4 

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LOCAL 88 PENSION TRUST FUND**

Trade Name, if any: 

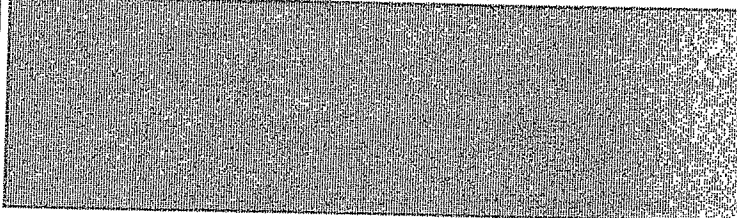
P.O. Box, Bldg., Room No., if any 


Street **4200 SHORELINE DRIVE SUITE 170**

City **FORT HICKEY**

State **MO** **63045** ZIP Code + 4 **1221**

11.a. Nature of such dealing.



11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

**EDUCATIONAL SEMINAR
TRAVEL
MEALS
HOTEL
OTHER EXPENSES**

12.b. Amount. **\$4,663.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name 

Trade Name, if any: 

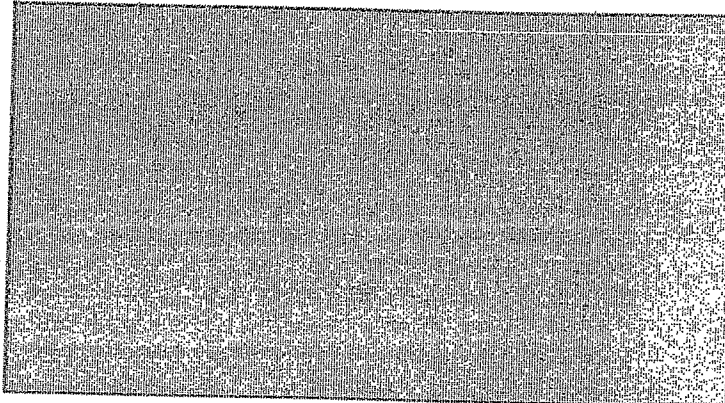
P.O. Box, Bldg., Room No., if any 

Street 


City 

State  ZIP Code + 4 

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. 

Name of Person Filing

James C. Fink

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GROUP HEALTH PLANTrade Name, if any: GHPP.O. Box, Bldg., Room No., if any Street 111 CORPATE OFFICE DRIVECity PORT HURONState MI 63845 ZIP Code + 4 1321

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 88 HEALTH AND WELFARE TRUST FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 4260 SHORELINE DR SUITE 170City PORT HURONState MI 63845 ZIP Code + 4 1321

11.a. Nature of such dealing.

HEALTH INSURANCE PROVIDER11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

BASEBALL TICKET12.b. Amount. \$95.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.